									Application or Docket Number					
7 1	PATENT A		1236212 14937											
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN														
(Column 1) (Column 2)									TYPE			OR	SMALL	
TOTAL CLAIMS				_ 33					RATI	E	FEE	1	RATE	FEE
FOR				NUMBER FILED		NUMB	NUMBER EXTRA		BASIC I	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS				33 minus 20=		• 13	13		X\$ 9=			OR	X\$18=	234
INDEPENDENT CLAIMS				6 minus 3 =		• 3			X42=			OR	X84=	252
MULTIPLE DEPENDENT CLAIM P				RESENT					+140	_		OR	+280=)
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA]	TOTAL		
1 %		1017	- 1		Į On	OTHER	THAN							
らりが CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								_	SMAL	L E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8		Minus	- 3	3	=		X\$ 9:	-		OR	X\$18=	
	Independent	•		Minus	trant	6	4		X42=	7		OR	X84=	
Ľ	FIRST PRESE	NTATION C)F MU	ILTIPLE DEI	PENDENT	CLAIM			.440	7			+280=	
•			•			<i>:</i>	•		+140= TOT		•	OR	TOTAL	·
	9/3/04 (Column 1) (Column 2) (Column 3)								ODIT. FI	_		OR	ADDIT. FEE	
	717107	(Column			(Colur HIGH		(Column 3)	ir		_	400)	•		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F		DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8		Minus	•• 8	3	- /		X\$ 9=	.		OR	X\$18=	
	Independent	* /		Minus	endent	CLAIM	- /		X42=		• •	ÖR	X84=	
		IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	. [_	OR	+280=	
									TOTA DOIT, FE			OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I		BER OUSLY	Y EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	** ,	•	2	ľ	X\$ 9=		•	OR	X\$18=	
	Independent			Minus •••			-		X42=	†		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							۱ŀ		\forall				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
**	If the "Highest Nu	mber Previou	isty Pai	id For IN THI	S SPACE I	s less tha	n 20, enter "20. In 3, enter "3."	•	DOIT, FE	£Ĺ	moriste box		TOTAL ODIT. FEE	

DESI WAVILUARE AAIT

FORM PTO-875 (Rev. 8/01)